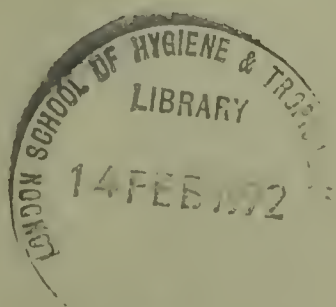


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Denbighshire County Council



ANNUAL REPORT

on the

Health of Denbighshire

for the

YEAR 1969

M. T. ISLWYN JONES, M.D., D.P.H.

County Medical Officer

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COMMITTEES

Health Committee :

Chairman : Alderman Dr. I. H. Davies, O.B.E., K.St.J.,
M.Sc. (Hon.), M.B., Ch.B.

Vice-Chairman : Councillor J. G. Lindsay.

Health Standing Sub-Committee :

Chairman : Alderman Thomas Jones.

Vice-Chairman : Councillor J. G. Lindsay.

Members of the Health Committee :

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*Dr. Ifor H. Davies	Mr. W. E. Davies
*Alderman Mrs. D. Dodd	Mr. N. Evans
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Co-opted Members :

Dr. Morton E. Evans	Mrs. K. B. Jones
Dr. Sheila Reid	Mrs. M. Manford Jones

*Also members of the Health Standing Sub-Committee

Pentre Broughton Pre-Employment Centre
Advisory Sub-Committee

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Vice-Chairman : Mr. R. Lockett

Members : Mr. D. Morley Smith
Mr. M. J. Smith
Mr. H. Williams
Councillor J. R. Hughes
Alderman T. Jones
Councillor J. G. Lindsay
Alderman G. Richards

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and Principal School Medical Officer :

M. T. Islwyn Jones, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :

A. L. J. Williams, M.B., B.S., A.K.C., D.R.C.O.G., D.P.H: (from 3/2/69)

District Medical Officers/Medical Officers in Department :

A. Griffiths, M.B., Ch.B., D.P.H.

F. P. Peach, M.B., Ch.B., D.P.H. (Senior Medical Officer in Department)

M. Jones Roberts, M.B., Ch.B., D.P.H.

J. G. M. Williams, M.B., Ch.B., D.P.H.

Senior Medical Officer in Department :

K. Dalzell, M.B., Ch.B.

Medical Officers in Department :

A. Benjamin, M.B., Ch.B. (from 29/9/69)

C. G. M. Dillon, M.B., B.Ch., B.Sc.

A. M. Valle, L.R.C.P., L.R.C.S., L.R.F.P.S., D.(Obst.) R.C.O.G.

D. Lloyd Williams, L.R.C.S., L.R.C.P., L.R.C.S.P.

Consultant Staff (part-time) :

Chest Service :

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.

E. C. Jones, M.B., B.S., M.R.C.S., L.R.C.P.

J. G. Jones, M.D., B.Chir.

J. B. Morrison, M.D., B.Sc.

Geriatric Service :

J. Arnold, M.D., Ch.B., D.C.H.

E. Griffiths, F.R.C.S., M.B., B.S., L.R.C.P.

Paediatric Service :

M. M. McLean, M.D., F.R.C.P., D.C.H.

Child Guidance Service :

E. Simmons, M.D., L.R.C.P., L.R.C.S.

County Ophthalmologists (part-time) :

G. L. Harper, M.R.C.S., L.R.C.P., D.O.(Eng.)

M. R. Hughes, M.B., Ch.B., D.O.M.S.

County Dental Service :

Principal Dental Officer :

D. R. Pearse, B.D.S.

Area Dental Officer :

J. P. Reid, L.D.S., R.F.P.S. (Glasgow)

Dental Officers :

D. Mitchell, L.D.S.

R. H. N. Osmond L.D.S., R.C.S. (part-time)

County Orthodontist (part-time) :

D. T. Broadbent, F.D.S., B.D.S.

Dental Auxiliaries :

Miss J. Darlington

Miss S. A. Bright (from 2/9/69)

Miss A. M. Garrett (from 2/9/69)

Dental Surgery Assistants : 8

County Public Health Officer :

D. D. Button, M.I.P.H.A., A.R.S.H.

Food and Drugs, Chief Inspector :

D. H. Owens

Nursing Service :

Non-Medical Supervisor of Midwives and Superintendent of Home Nurses :

Miss A. Large, S.R.N., S.C.M., Q.N., H.V., Cert.

Assistant Superintendent of Home Nurses :

Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V. Cert.

Superintendent Health Visitor :

Miss W. M. Tagg, S.R.N., S.C.M., H.V. Cert.

Health Education Officer/Tutor :

Mr. Leslie Roberts, S.R.N., Q.N., H.V. Cert.

Health Visitors : 35

Tuberculosis Visitors : 2

Home Nurses and Midwives : 78

Home Help Service :

Senior Organiser : Miss H. M. Cuddy

Organiser, West Denbighshire : Miss E. O. Davies

Assistant Organiser, East Denbighshire : Mrs. B. M. Roberts
(from 3/11/69)

Home Helps : 191 (part-time)

Mental Health Service :

Chief Mental Welfare Officer :

J. E. Evans, A.A.P.S.W.

Area Mental Welfare Officers :

B. W. Hughes, C.S.W.

G. Lloyd, C.S.W.

T. L. Steele, C.S.W. (from 1/1/69)

Mental Welfare Officers : 3

Trainee Mental Welfare Officers : 3

Workshops' Superintendent :

W. Rigby

Speech Therapy Service :

Senior Speech Therapist :

Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapist :

Miss G. Thomas, L.C.S.T., I.P.A.

County Ambulance Service :

County Ambulance Officer :

E. Evans Hughes

Deputy County Ambulance Officer :

E. Wright

Chiropody Service :

Senior Chiropodists : 4

Administration :

Chief Administrative Assistant :

G. L. Britton, D.P.A., A.R.S.H.

Senior Administrative Assistant :

Gwilym Davies.

RHAGAIR

Hyfrydwch arbennig yw cael cyflwyno Adroddiad Blynyddol â'r Iechyd y Sir yn 1969 — blwyddyn yr Arwisgo. Trueni i'r achlysur hapus hwn fod yn achos marw dau o'n trigolion ac yn foddion anafu'n ddifrifol ymwelydd ifanc i Gaernarfon. Mawr hyderwn y bydd i'r Tywysog ddefnyddio ei amryddawn ddoniau er budd a llês ein Cenedl.

Yng nghwrs y flwyddyn bu trin a thrafod ar amryw fater o bwys â pherthynas agos ag amryw agwedd o'n bywyd cymdeithasol, ac yn arbennig felly ar y Gwasanaeth Iechyd. O'm dyddiau cynnar fel Swyddog Meddygol y Sir bum yn pregethu dro ar ol tro y syniad o uno'r gwasanaethau Iechyd a Llês. Cafodd y syniad symbyliad pellach yn Adroddiad Guillebaud ond yn anffodus ambosib oedd perswadio'r Cyngor i gymryd y cam. Erbyn heddiw mae galw pendant am uno amryw wasanaeth, yn unol ag awgrym Pwyllgor Seebom — y Plant, Llês, Iechyd y Meddwl a'r Gwasanaeth Cymorth yn y Cartref. Mae'r llywodraeth yn barod yn pwyso ar yr Awdurdodau Lleol i weithredu yn unol a'r awgrymiadau yn y dyfodol agos. Pa un bynnag a gytunwn ai peidio, bydd yn rheidrwydd cymryd camau i fabwysiadu'r argymhellion. Yn fy nhyb i, gwell o lawer fyddai aros hyd nes y gwyddys beth fydd trefn dyfodol y Gwasanaeth Iechyd.

Rhywbeth yn debyg i'r arfer yw'r ystategau am y flwyddyn— a chyflwr iechyd yn y Sir yr un mor foddhaol. Dal i leihau mae rhestr y rhai sy'n dioddef o'r dyciau—er i fwy farw o'r haint. Ai cam yn ol oedd atal yr Uned Deithiol y Gwasanaeth Pelydr X?

Cafwyd rhagor o gyfarwyddid ar foddion i sicrhau cydweithrediad pellach rhwng y gwahanol adrannau o'r Gwasanaeth Iechyd yn enwedig y meddygon teulu a staff adran Iechyd y Cyngor. Pleser yw datgan mai dyma'r gogwydd yn Sir Ddinbych ers rhai blynyddoedd. Erbyn heddiw mae sawl meddyg teulu yn cydweithio a'r gweinyddesau, y bydwagedd, yr ymwelydd iechyd ac eraill o'r staff yn y Canolfannau Iechyd. Ac ar y llaw arall mae nifer o'r gweinyddesau yn cydweithio a'r meddygon teulu o'u canolfannau hwy; a thrwy'r cyd-glosio ni all y gwasanaeth i'r cyhoedd lai na gwella ac ehangu.

Canolfannau Iechyd Plant

Ar ol hir ymaros agorwyd y Canolfannau yn Brymbo, Rhiwabon a Abergele a phleser yw sylwi ar y defnydd a wneir o'r manteision a'r cyfleusterau—yn enwedig felly ar ystadau newydd lle mae cymydog yn ddieithr ddyn. Daw y fam ifanc ac unig am gyfarwyddid meddygol a sgwrs ynghylch unrhyw bwnc sy'n

achosi gofid, hyn yn sicrhau cyfraniad pendant i iechyd a bodlonrwydd. Mae rhyw weithgarwch neu'i gilydd bob dydd yn y Canolfan yn Rhiwabon ac mae'r trigolion yn sicr yn gwerthfawrogi'r cyfleusderau. Yn Brymbo mae'r meddygon teulu yn gweithio o'r Canolfan ac yn mawr werthfawrogi'r cyfleusderau a'r cydweithrediad.

Gwasanaeth Ambiwylans

Fel y gŵyr yr Aelodau bu i ddim Ambiwylans y Sir ennill Cystadleuaeth Ambiwylans Cymru 7 o weithiau. Yn 1969 'roedd y tîm yn cynrychioli Cymru yng nghystadleuaeth Derfynnol Prydain—ac ennill pob cystadleuaeth (a chwpan) ond un. Llawenhawn yn llwyddiant y bechgyn a chofio ar yr un pryd mai adlewyrchiad yw'r llwyddiant o safon uchel ac effeithiol y Gwasanaeth dros y blynyddoedd.

Gwasanaeth Cymorth Cartref

Mae'r galw am y gwasanaeth hwn yn cynyddu'n gyson, yn enwedig o du'r oedrannus sy'n hawlio 80% o'r gwasanaeth. Dyma yr un gwasanaeth sy'n galluogi'r hen a'r methedig i aros yn eu cartref a'i cynefin. Apwyntiwyd Trefnydd Cynorthwyol yn rhan ddeheuol y Sir a fydd yn sicrhau gwell arolygaeth a gwasanaeth mwy effeithiol yn y rhannau Cymreig o'r Sir.

Yn nechrau 1970, ymddiswyddodd Dr. Jones Roberts ar ol gwasanaeth hir, gyda'r Cyngor Sir ers 1942 a chyda'r Awdurdodau Lleol Canolog ers 1951. Diolch iddi am ei pharodrwydd a'i gwaith da drwy'r blynyddoedd. Dymunwn lawer blwyddyn o seibiant hapus a diddorol iddi.

Diolchaf i bawb sydd wedi cyfrannu ym mhob ac unrhyw fodd i waith a llwyddiant yr Adran Iechyd yn ystod y flwyddyn—i'r staff yn y Swyddfa, i fy nghyd-swyddogion, heb anghofio wrth gwrs y Cadeirydd a'r Is-gadeirydd ac oll o aelodau'r Pwyllgor Iechyd.

FOREWORD

For many reasons, 1969 was a memorable year historically for, not only was the Prince of Wales invested at Caernarvon but a variety of reports were published and legislation was introduced which will have a profound and revolutionary impact on the health and social services of this country. At the outset, it must be conceded that in order to meet the fast changing pattern of society, it was vitally necessary to modernise the administrative structure of the various personal and social services, which have developed piecemeal over the years, in order to meet new and greater community needs. In particular, the future of the National Health Service is of special concern, to those who have responsibilities for its administration for obviously many of the contemplated changes might well have profound personal implications but, in re-planning the future of the National Health Service, individual interests must be subordinated to the paramount and vital need of ensuring an administrative machine which will help to provide the best and most economical health service for the people of this country.

Due to the obduracy of the medical profession, the administration of the National Health Service is in three parts and while some benefits have flowed from this arrangement—at least it has meant that a National Health Service does exist—it has become increasingly obvious to those who have the interests of the service at heart that the tripartite arrangement is inefficient and uneconomic. Increasingly, the need for unification of the health services has become more patent and it is comforting to know that this is now the accepted policy of the medical profession. It therefore, only remains to evolve an administrative structure which will not only be based on firm and logical principles but should also ensure a continuous assessment of needs, a flexible re-adjustment of plans and a controlled allocation of resources. This re-organisation cannot be conducted in isolation but must be synchronised with the review of Local Government Structure, Boundaries and indeed its functions. In addition, it is essential that the functions of the constituent parts of the National Health Service as well as its relationship with other allied ancillary services should be ironed out at the same time. However, in my opinion, top priority must be given to the Unification of the National Health Service for even though this may mean the extinction of the County Medical Officer of Health as such, it is of such fundamental importance that nothing must be allowed to prevent this happening. Having been involved since 1946 in various capacities with the administration of the National Health Service, it is obvious to me that the energies of highly-skilled

staff should be directed to the care of the patient rather than wasted in vain endeavour to iron out complex and intricate administrative procedures which depend entirely on co-operation, co-ordination and committees. The complexities and magnitude of the administration of the National Health Service cannot be discerned or appreciated by a few attendances at a Committee or Conference and if the future of the Health Service is to be safeguarded then it should be entrusted to a representative group of expert and experienced persons of the highest integrity who could apply their entire energies on a whole-time basis to this vitally important and gigantic task.

A Report on the Functions of the General District Hospital which appeared in 1969 focussed attention on one facet of the National Health Service which merely reinforces my contention that the National Health Service must be reviewed in its entirety.

In the prefatory note of this Report, it stated that "the recommendations will have to be further considered in the light of the likely future pattern of community health and social services."

This statement immediately indicated the probable criticism that might be levelled against the report of it being introspective and of trying to evolve a logical pattern in isolation and without due reference to the other essential parts of the National Health Service. This also is hinted at in the foreword and it emerges increasingly as one reads the Report, despite periodic references to Community Services.

The Report is too preoccupied with the internal administrative and executive functions of the Hospital to the detriment of its primary role of serving the community. Internal efficiency is of vital importance, but this must be measured from a broad perspective and on this analysis, the report seems to fail to realise fully that the National Health Service is in need of a radical overhaul which must be conducted in synchronisation so that changes and innovations at foundation level will permeate throughout the entire pattern. On that basis it is, therefore, difficult to be constructively critical.

However, I find it increasingly difficult to accept the concept of even larger single unit General District Hospitals as they do not seem to be in accord with the evolving social, ecological and community patterns of the future. Furthermore, from a political, medical and financial viewpoint, it is dubious whether more than a few General District Hospitals will be established in this country and inevitably the hard realities of the situation, probably arising from further overloading of an already overstrained organisation, will force a re-appraisal on more realistic lines.

In my view, it is necessary, before proceeding further to review the National Health Service as a whole and to evolve from such a review, a unified pattern which would provide a streamlined structure with clearly-defined responsibilities from ancillary staff through to the highest qualified and most skilled doctors and nurses. It would seem to me already evident that the concept of a Unitary General District Hospital must be superseded by that of a system of inter-communicating spheres of Health Services' Units amongst which will be the specialist provisions of medical, para-medical and nursing services.

It must be acknowledged that, since 1948, the National Health Service has had ample opportunity of growing out of the "Cottage Industries" into a more streamlined and efficient organisation which can meet the heavy demands of a technological age, but it has not done so despite isolated attempts by men of vision. For those working within the National Health Service there is little time to evaluate objectively or to introduce modifications which might radically change procedures and attitudes. It seems, therefore, that a radical approach, from basic principles, must be made if the National Health Service is to meet adequately the challenge of the future; that the role of Doctors be analysed objectively—is the devision into General Medical Practitioners and Consultants appropriate? — that the role of the Hospital be defined more specifically and that the variety of Hospitals and the services they should provide, be examined in the context of modern requirements and of available resources.

Under the present system the General District Hospital, for perhaps administrative convenience, provides all in-patients with accommodation, at approximately 40% of the total cost of the Service. Many patients could be accommodated in residences near the Specialist Hospital where a member of the family could look after them, thus saving the Hospital, hotel expenses, nursing, domestic and other services, as well as travelling expenses for the family. In addition, it would cut down on the risk of cross-infection.

Where the Specialist Hospital was built on a virgin site a therapeutic community could be planned which could incorporate preventive, curative and rehabilitative functions—responsibilities which are not now co-ordinated and are functions exercised by a variety of Central Government Departments and many different local Agencies.

The Peripheral Hospitals would form an integral part of the Hospital complex and they would be staffed by doctors who would work as members of a team, in accordance with their ability and experience. Further towards the periphery, Health

Centres would provide a base for those medical, nursing and ancillary staff who formed the spearhead of the National Health Service.

In an organisation of this nature, there would be a few boundaries and inevitably it would be a "team responsibility." Individuals would work in that capacity for which they were best suited, whether that be at the centre or the periphery. Clearly-defined lines of responsibilities would ensure that the Community would accept a "team responsibility" and that by delegation of functions the more highly-skilled and qualified staff would be released to function at levels more commensurate with their training and qualifications than happens under present circumstances.

To improve the National Health Service, it is essential to plan realistically and to ensure that meagre manpower and financial resources are utilised efficiently, and with this in view, a fully-integrated service is essential. This would ensure that Consultative Clinics would be held at Health Centres; that training and administration of staff would be integrated and that appropriate accommodation would be provided for members of the staff of the Local Health Authorities at the various Health Service Centres.

Attachment of Local Health Authority Nursing Staff to Health Centres was another Circular issued during the year which urged field workers to work together. Fortunately, in Denbighshire, Local Health Authority Staff and General Medical Practitioners have co-operated well over a period of years and because of this, it has been unnecessary to formalise the arrangements. Nurses, Midwives and Health Visitors know their General Medical Practitioners, they meet in the surgery, the home, the clinic, on the street and socially, and overall there is a good working arrangement, a sound relationship and often a cordial respect and regard for each other. In many instances, the major part of the doctors' practice covers the same area as the Local Health Authority Staff, but it would be ludicrous to have attached Nurses descending with the twenty or more doctors on the populous and narrow streets of Rhos, with its 11,000 population. It is evident that in Denbighshire a good working relationship has evolved between the General Medical Practitioner and Local Health Authority Staff due to our good fortune in having goodwill and plenty of co-operation from all concerned. Where this is not so, it is usually the result of conflict of personalities or a misunderstanding of the respective roles to be played by those concerned. This is particularly so in the case of the Health Visitor whose duties, skills and competence are seldom fully appreciated by her colleagues. To circumvent some of these problems, it was

realised that instead of Attachment and Association, it would be necessary to move towards Integration and the formation of Community Health Service Units.

Health Service Units

There are, in some measure, already in existence, for in several areas of the county General Medical Practitioners and Local Health Authority personnel work as a team providing curative and preventive services for more or less a prescribed area. More and more doctors are limiting their practice to a natural catchment area which benefits the patients and increases their skilled output by reducing travelling to a minimum and improving communications. In some instances, General Medical Practitioners have moved into the Child Health Centres while, on the other hand, Local Health Authority Staff have moved into Group Practice premises. Where these arrangements are working well, the team has been virtually self-electing. In those instances where the doctors moved into the Clinics there already existed friendly relationships which have further improved with closer acquaintance. On the other hand, where Health Visitors and Nurses have moved into a Group Practice the process has been more tentative and gradual. From the outset, it is essential that the General Medical Practitioners concerned should discuss with a senior Medical Officer from the Health Department, the details of the proposal. This is a most salutary exercise for both doctors because this is the only way each can come to understand and appreciate the full implications of what will be involved. The philosophy, acumen and methods of each Practice differ and indeed so they do even within the same Group Practice which, of course, is an important point to remember. Having broadly agreed on a working arrangement, which necessitates a great deal of give and take, the next step involves the selection of staff and obviously the General Medical Practitioner must have a large say in this. Administratively, it is for the County Medical Officer to be satisfied that the person concerned possesses the appropriate qualifications, training and experience, while it is the job of the General Medical Practitioner to determine whether she will be a congenial working colleague.

Considerable care has to be exercised in selection and especially in ensuring that the person concerned knows that the secondment is on a day to day basis, so that if she does not fit into that particular set up, then she can be returned or transferred to another job. So far, this has not been necessary and gradually, teams have materialised who work closely and happily together in one unit.

A Health Service Unit should .

- (i) Work from the same premises.
- (ii) Include both preventive and curative functions.
- (iii) Accept the General Medical Practitioner as the captain of the clinical team.
- (iv) Acknowledge each other as professional colleagues with duties that have a professional content in which they are specialists.
- (v) Be adaptable and prepared to accept and share new responsibilities.
- (vi) Be loyal and serve the best interest, not only of the patient, but also those of the Group Practice which, in essence, are synonymous.
- (vii) Continue to turn to the Health Department for administrative support and help with preventive medicine.

Integration brings in its wake many changes and adjustments and it is interesting to observe how attitudes change with growing awareness and knowledge of what a comprehensive health service can provide. The range of work undertaken by Health Visitors and Nurses in Group Practice is much wider and is more interesting and stimulating. It must be remembered that Health Visitors and Nurses working on an area soon attain a unique status with the community they serve and it would be a sad day if this were lost, for they are the only group of trained personnel who visit regularly and are known to the majority of the people in their area. They also win the confidence of the people and indeed so much so that the Child Health Centre often becomes more of an Advisory Centre on all problems associated with living in a modern society.

Initially, all Health Department staff stayed strictly within their own areas, but this rigid attitude has been modified. An example of this is the new arrangement in Wrexham where there are three Major Group Practices with whom staff work. Now all staff visit their Group Practice patients anywhere within the town but, in addition, attend all those whose family doctors do not belong to the Group Practices of the town. This arrangement works well and administratively it conforms with the scheme of District Nurses whereby Groups of six to eight Nurses are made jointly responsible for a large population.

The Community Health Service Unit which was established some two years ago has grown steadily to include a first-line manager in the person of a senior Health Visitor and field workers

comprising a Health Visitor, Midwife, District Nurse and a State Enrolled Nurse and a Nursing Auxilliary. In addition, the Group Practice employs receptionists and typists. However, there are variations on this theme and in some arrangements even clerical assistance is shared. However, these are manifestations of closer collaboration and whilst acknowledging the need for still closer integration, it seems that there is a steady improvement and a steady movement towards an integrated team so that by the time the Area Health Authorities have been formed the situation in Denbighshire will be ready for the transfer.

The Transfer of Function (Wales) Order of 27th March, 1969, was another memorable event which should have far-reaching implications although in some respects it seemed merely to be a change of nomenclature. In congratulating those Officers of the old Welsh Board of Health upon their elevation, may I express the hope that the old cordial and close collaboration will continue.

The Nurseries' and Child Minders' Act added a substantial load on to Miss Tagg the Superintendent Health Visitor who had the main responsibility for advising, inspecting and recommending registration where appropriate. There were 29 Play Groups and 7 Child Minders registered at the end of the year. One interesting social experiment was the formation of a Playgroup on Saturday mornings for 15 under-privileged children. These were selected by the Health Visitors for the area around Cartrefle Teachers' Training College. This is a happy example of inter-disciplinary co-operation — the Principal, Staff and Students of the College arrange a rota to run the Play Group in one of the College rooms, a party of volunteers collect and return the children and grants from the Wrexham Borough and other Organisations have provided the funds for paying the trained Supervisor. In this way, about 15 mothers manage to obtain a brief respite from the constant demands of an active toddler.

Rehabilitation of Drug Addicts — Circular 7/69 (Wales) dealt with the problem of rehabilitating drug addicts. Fortunately, there are no heroin addicts in Denbighshire as far as I am aware. There have been instances of adolescents breaking into Pharmacies in order to obtain supplies of the "soft drugs" for re-sale in neighbouring, provincial towns. There are, in addition, some older persons who have become dependent on such drugs as the amphetamines, but generally these cases become known to the Medical Profession and are then appropriately treated.

This is but one manifestation of a social malaise which has increasingly afflicted this country since the last war. To those of us who can remember the grim days of the 1920's and 1930's, today is indeed a poignant era where, although we live in an affluent and

permissive society, our morals, conduct and way of life have sunk abysmally low. The illegitimacy rate has steadily increased despite the presence on the statute book of The National Health Service (Family planning) Act, 1967, and of The Abortion Act, 1967. The incidence of Venereal Disease has risen in recent years. The recurrence in various parts of the County of Scabies and of head lice reflects not only on low morals but low standards of personal hygiene and these families are found, not in overcrowded slums, but in houses with modern conveniences. Indeed, I find it heartbreaking to read reports from the Health Visitors of "the great unwashed" who occupy new houses in conditions of squalor and dirt. These are not only the "Problem Families." It would seem to be a modern cult to concentrate on discord, demonstrations, drugs, dirt, delinquency, disharmony, cruelty and viciousness.

However, the disruption of a peaceful gathering by a vicious undisciplined group pales into insignificance when compared with the need for nurses and doctors to be vigilant and on the look out for the "Battered Baby Syndrome." Again, fortunately, this is hardly a problem in this County. Yet, there are circumstances where this might well happen.

As in most rural counties there is an itinerant population which seems to come and go from one camp site to another and while with us, proves a considerable strain and worry to our social services. On one caravan site there are some 20 caravans which are barely fit for human habitation and which are occupied by women whose husbands are seldom there. About 90% of the children in this site are illegitimate, yet little can be done to eradicate this situation. Official efforts ameliorate the grimness of the conditions, but unfortunately they quickly revert to their previous state, due in part to the indifference and incompetence of the occupants. Is it not time that we should concentrate our resources in rectifying the slum existence of this submerged sector of our society before so generously extending a hand to help the under-developed regions of the world?

There are, of course, encouraging signs that the next generation may restore some of the moral values which strengthen any country and it is encouraging to note that parties of school-children are increasingly devoting their leisure hours to a wide range of beneficent tasks. I am confident that, if given appropriate encouragement, they will in due course be a strong force for the common good.

Greystones—the home for handicapped persons, is an example of what a dedicated local voluntary organisation can do to help those who in some ways fall between two stools. The Wrexham

Handicapped Children's Society has a proud record for helping the handicapped children in the Wrexham District. I can still recall one of their early meetings in my Office when various projects were discussed and even then the provision of a Hostel was considered a priority. During the intervening years, the Society has tackled many other problems but, at long last, it has succeeded in purchasing a house in the centre of Wrexham, adding to it a specifically planned wing and fully furnishing and equipping it before handing it over to the Denbighshire County Council. On this occasion a munificent contribution by the National Spastics' Society ensured an early completion of the scheme. This Home will provide accommodation and facilities for about 20 grievously handicapped persons.

Re-organisation of Local Government Services

There has been much discussion and conjecture regarding the future of various Local Government Services and of Local Government boundaries and it would be a great relief if these were finally resolved. The need for a comprehensive review of the National Health Service has already been mentioned and the Green Paper which appeared early in 1970 is obviously a step in the right direction. The unification of the Social Services is also a logical step but it is problematical whether the benefits that will flow from this, will compensate for their separation from the Health Service.

By this time, the **Local Authority Social Service Act** is on the Statute Book and the re-organisation entailed is being pressed through apace. It will involve the transfer from the Health Department to the new Social Service Department of many schemes pioneered by Denbighshire which are, and I hope will continue to be, an outstanding success. No one can doubt but that the Mental Health Services being transferred have a large clinical content, and at least this section will have to rely a great deal on close medical support. I hope that while the Health Department continues as an integral part of Local Government there will emerge channels of communication which can be extended across the administrative gulf which will in due course separate them.

Voluntary Organisations

There are, of course, many Voluntary Organisations which work closely with the Health and Welfare Departments in alleviating the distress and difficulties of the sick and handicapped. There is ample evidence of the increasing close co-operation between Voluntary Organisations and the Health Department. Dr. McKendrick and Dr. Peach wrote an account of such a scheme for old people in Colwyn Bay which was published and more recently a follow up account has appeared in "The

Medical Officer.” This scheme has attracted attention and interest from far and wide. Recently, the Agency arrangements for providing Ambulance Services in the Cerrigydrudion area were terminated because there were no young volunteers available to man the service, but luckily the St. John Division at Pentrevoelas agreed to step into the breach and already they have rendered sterling services on the accident-prone A.5.

The Marie Curie Memorial Foundation Fund has extended to Denbighshire its scheme for helping in the day and night nursing of cancer patients in their terminal stages and already invaluable help and support has been given to several necessitous cases. This additional service is much appreciated by the patients and relatives and is a valuable addition to the Extended Day Nursing Service provided by the Denbighshire County Council in the Wrexham area.

Rehabilitation of an Itinerant Family

An example of a combined operation was the rehabilitation of an Itinerant Family who were accommodated in an old police house some 18 months ago. The local Health Visitor, District Medical Officer of Health, Children’s Department, N.S.P.C.C. Inspector, Housing Authority and various Voluntary Organisations as well as much understanding and forbearance by local people, all contributed to the integration of this family as members of a small community. The man and his wife had never previously lived in a house. Although relieved to be offered accommodation it was patently clear that the settling down was going to need some doing. The wife was pregnant for the eighth time. Neither parent nor any of the children could read or write and this, in itself, presented a fair sized problem. However, the Health Visitor, first contacted a General Medical Practitioner so that the mother could be provided with adequate ante-natal care. Getting this obviously gipsy family to be accepted by the villagers was not the easiest task. However, the Health Visitor was determined that they were to remain individuals; proud of being of gipsy stock and yet endeavouring to conform to a standard of life which they were now prepared to accept. The Health visitor reports :

“Arrangements had been made for the N.S.P.C.C. Inspector to visit, but fortunately I found this out before he did so, because his presence in the village was hardly ever needed and therefore, it would have complicated the situation. Other Voluntary Organisations helped in providing household requisites, clothing, a pram and the Maternity Unit helped in every way possible.

“At one stage it was necessary for the District Medical Officer of Health to investigate because of an outbreak of dysentery amongst the family. Fortunately, they responded well to advice

and improved their standard of hygiene and eventually, the mother attended the Child Health Clinic. The entire family was immunised and steadily the good will of neighbours was recruited. Various members of the family were referred for medical and Hospital attention and gradually the entire position was improved. The children's inborn habits of visiting houses and asking for cake is now a thing of the past and the local officers of the W.R.V.S. have been very impressed by the substantial improvement in the house and also in the conduct of the children. This is a very large family and on occasions, the home conditions are not as good as I could wish for, but they are a very united, loving unit and I feel there is some measure of success to be seen here and I trust that there will be further improvements.

"Two mothers are knitting garments for the expected baby and the rather fine looking pram has been put away for the coming event; the old one having carried two or three children for the past year or so. Old beliefs and habits are not easily changed, but I have great hopes that the improvements will continue."

Child Health Centres

There have been major social and economic changes in the County in recent years—the closure of coal mines, the opening of new factories, the break up of stable communities and the influx of new workers—these have created stresses and strains and added substantially to the problems of the Department.

New housing estates have been built, new schools have had to be opened and there are clamorous demands for more Child Health Centres, especially in or near to these new Estates. This is not surprising, for most of those living on these new Estates do not know anyone else and the Child Health Centre soon assumes the role of a Club where young mothers can meet and by mutual help resolve some of their difficulties. It is gratifying that our Child Health Clinics are so fully used and not merely for Clinic purposes, but for such varied associated activities as Mothers' Clubs, Handicapped Persons' Clubs, Relaxation Classes, for Health Demonstrations and as accommodation for Playgroups.

After many delays the Centres at Ruabon and Abergele were completed and are now in daily use. The Ruabon Centre shares a site with the Library and Police Station and the Magistrates' Court. The site has been well laid out and is ideally situated in the centre of the village.

The Child Health Centre at Brymbo was built in association with the County Library and apart from other considerations, there were savings in cost by sharing certain facilities. These premises are also used by the Local General Medical Practitioners as well as the various services of the Health Department.



Child Health Centre, Ruabon



Child Health Centre, Brymbo

Ambulance Service

The new Ambulance Headquarters were formally opened in 1968, but a picture has been included for record purposes. This building has been extensively used by various Departments of the County Council especially the Lecture Theatre and its modern facilities. Undoubtedly it has transformed the working conditions for the personnel and this has led to an increase in efficiency. The radio system is one of the most up-to-date in the country. It permits me to talk from my desk to any ambulance driver in any part of the County. This would be an invaluable asset in the event of emergencies or major accidents. Due to the nature of the terrain, unexpected difficulties have had to be ironed out, but with much help, particularly from the Police Authority, who granted permission for our aerial to be placed on the Cefn Du Mast, the system is now working satisfactorily. It will now be feasible to assess more accurately, the value of radio communication to our rural District Nurse/Midwives as well as to the General Medical Practitioners who will be allowed to use our system when engaged on road traffic accidents or other emergencies.



County Ambulance Headquarters, Wrexham

The National Ambulance Competition was won for the first time by the Welsh Region when our team swept the board at Harrogate. Although Denbighshire had won the Welsh Regional Competition and had represented Wales at the National on previous occasions, it was a moment of great joy when we were able to bring the trophies back home for the first time, but the greatest satisfaction was the knowledge that this had been achieved through the hard work and high morale of all those associated with the preparation for the Competition. The team, comprising Shift Leader D. T. Stace and Driver/Attendant G. Roberts, were successful in not only being the "overall winners" but in bringing home the Team Test and Attendant Test Trophies.

Mr. Evans Hughes, the County Ambulance Officer reports :

"During the year, Mr. E. Wright and Mr. R. Rogers obtained Instructors' Certificates issued by the Department of Health and Social Services, following their attendance at courses at Easingwold and Wrenbury Hall and a third member of staff has been nominated to attend in 1970. Mr. D. H. Jones left the staff in December and took up his appointment as Chief Ambulance Officer to Leicester County Borough. We are sorry to see him go, but wish him well in his new appointment. Mr. R. Rogers was appointed from the Control Staff at Wrexham to fill the vacant post of Area Ambulance Officer in Colwyn Bay and I am confident that he will do well in the duties involved. Four new appointments were made to the operational staff and these men are settling into their duties well. Drivers R. O. Parry and E. V. Williams returned to duty after long periods of sickness and although both of these men have had to be re-mustered for medical reasons, their services have been retained and both have adapted themselves well to changed duties. The total establishment is now 57, with one vacancy at Llanrwst unfilled.

"The table at the end of this report shows once again that the work load continues to rise and at the present rate, it would appear that the mileage may well reach the one million mark by 1974. The sharp rise in sitting case car work is primarily due to the increased transport demands for "training centres etc.," and with the opening up of Henllan in 1970, this figure is going to increase still further. During 1968, it was pleasing to note that the accident rate showed signs of a decrease but towards the end of 1969 it appears to be on the rise again. It is also significant with the advent of motorways, increased speeds and more vehicles on the roads, that when these accidents occur they are usually in multiples and injuries are more serious. This calls for the higher degree of skills which are going to face the ambulance-man in the future. The "criteria" for ordering ambulance transport still causes concern and during the year a special watch was kept on requests which were abortive. Records show that 2,267 patients did not, for varying reasons, avail themselves of trans-

port when the vehicle arrived at the collection point and this represents a considerable waste of time and mileage. To avoid these happenings, it is necessary that closer liaison between patients, medical and para-medical services be maintained and requests be made on a more selective basis in accordance with the terms of the appropriate Acts of the National Health Service.

Tuberculosis

The number of cases notified during 1969 was 24, which was 19 less than in 1968. Following a complete revision of the Tuberculosis Register, the number on the Register decreased by 151. However, the death rate from Tuberculosis increased from 3.9 to 5.5. The position in the tuberculosis field is, therefore, rather confused, for while it is comforting on the one hand to know that there has been a decrease in the number suffering from the disease, it is disturbing to find a rise in the number of deaths.

It would seem regrettable that the Miniature Mass Radiography Units which have played a valuable part in the eradication of tuberculosis, should be removed at this point in time. While agreeing with the need for economy and the assertion that the pick up rate had fallen to a low figure, I regret that a full scale final assault was not mounted so that the disease could have been eradicated.

Home Help

There has been a need for more Home Helps throughout the year but recruitment is getting increasingly difficult while the need continues to grow. 81.6% of the cases were over 65 years of age and these received 83.1% of the total Home Help hours.

During the years, Mrs. B. M. Roberts was appointed as Assistant Home Help Organiser in East Denbighshire and this has ensured a closer supervision of the Service with a commensurate improvement in efficiency. The situation was further improved by arranging a series of four courses for the Home Helps which ensures that they know much more about their duties and the needs of the people they serve.

Mental Health Service

Community Care

The momentum towards community care of the Mentally Disordered continued without abatement and this placed heavy burdens and often unbearable strain on the Mental Health Service. The situation generally caused me grave concern so, once again, I submitted a report to the June Health Sub-Committee. In the light of subsequent development, it is as well to recall my observations :

“In my previous report, I expressed concern regarding the present arrangements whereby large numbers of mentally disordered persons were discharged from Hospital to Boarding House accommodation without proper arrangements being made for adequate supervision and control by statutory officers of the Health Department. In my view, all such persons so discharged to Boarding House accommodation have residual mental handicaps and it is essential that the County Council and the Local Health Authority should exercise their statutory duty to register these Boarding Houses so that their officers can ensure that the residents receive the services they require, which are :

- (i) Continued medical supervision by Hospitals' Outpatients' Department, Day Hospital and General Medical Practitioner;
- (ii) Domiciliary support by :
 - (a) Mental Welfare Officers;
 - (b) Health Visitors and District Nurses;
- (iii) Ancillary medical services, e.g. Dental treatment, Chiroprody treatment, etc.;
- (iv) Assistance in obtaining employment, occupation or training where applicable;
- (v) Arranging holidays, social clubs and other recreational activities;
- (vi) Safeguards against exploitation;
- (vii) Adequate standards of accommodation;

In Denbighshire there are eight Boarding Houses catering for mentally disordered persons and between them they accommodate approximately 127 residents. To bring these Boarding Houses up to a minimum standard and to maintain an adequate standard of care for the residents, it is essential that all those Homes which have residents suffering from Mental Illness, should be registered as Residential Homes for the Mentally Disordered Persons under the National Assistance Act, 1948, Sections 37—40.”

Being in the van of progress carries with it exceptional responsibilities for nothing can be left to chance but unless one acts upon conviction then progress cannot be achieved. Again, I repeat that I am in agreement with the Boarding Out of the Mentally Disordered as long as reasonable precautions are taken and that I am satisfied that there will be benefits both for the patient and the community. The Boarding Out Scheme for the Mentally Subnormal has, after a few difficulties in the beginning,

settled down to work smoothly and efficiently due to the establishment of a soundly based, workable scheme. Unfortunately, the Boarding Out of the Mentally Ill has only been approved in principle and most of the arrangements and decisions have been made by the staff of the North Wales Mental Hospital so that, in the main, the problem has merely been transferred from the Hospital to the Community. This has benefited the Hospital, but not the patient.

Hostels

The Hostel for the Mentally Subnormal at Tapley Avenue has continued to function well and it has played a valuable role in the Community Care of the Mentally Subnormal. As can be seen from the photograph, it is a twin four-bedroomed Council house with minor internal modification. It is situated in a new housing estate in Wrexham and since being opened some two years ago, it has not once given cause to neighbours for complaint.

It is a small Group Home administered as a family unit :

- having a wide range including both sexes;
- being sited in a sympathetic community which is large enough to assimilate the entire group;
- in a building which conforms with others in the locality;
- and all activities closely simulating those of a normal household.

The Hostel was built to the County Council's specifications at a cost of £7,500 and a further £1,500 for furnishings, so the capital cost for 9 residents was £9,000.

The accommodation available is :

Housemother's self-contained flat;

Residents' accommodation—

Single bedroom	×	2	Sitting room	×	1
Double bedroom	×	2	Day room	×	1
Triple bedroom	×	1	Annexes		

Currently, it costs £15/11/7 per resident per week.

The priority objectives achieved in the case of this Group Home are :

- (1) Family Group Home (permanent members of the family);
- (2) Halfway house/assessment (Lodgers);
- (3) Short-term care (Visitors);

Currently, there are 9 residents and a total of 28 subnormals have already lived there.

Berwynfa

This Hostel as can be seen from the Photograph is an old terraced house which was in a derelict state when taken over from the Children's Department who had at one time used it as a working boys' home. The surrounding area was cleaned up by the subnormals and essential repairs were done by a contractor. There was accommodation for 10 so it was decided to place there 10 Mentally Subnormal men on their own. This enabled all the available space to be used by the Subnormals whilst also fostering independence and self-reliance. The only applicants for the post of cook and domestic assistant were themselves retired and one had been mentally ill. Two Mental Welfare Officers undertook the responsibility for supervising the group after office hours.

These men have settled down extremely well and it is extraordinary how such a disparate group has sorted itself out so that each has his responsibility to the group but yet can live his own life. The most intelligent of the group seems to have been accorded the status of group leader; another has the job of shaving those who need help; and all have various household chores to perform for the benefit of the group. The rules are few and flexible and it is quite marvellous that after the initial abuse of their unaccustomed freedom, they have settled down to a reasonable routine. It is a pleasure and a relief to be able to confirm that our trust and hopes were not misplaced. There have been no complaints from the neighbourhood although there were many doubts expressed when the scheme was first mooted.

Again, every effort has been made to merge these men into the background of the neighbourhood in which they live. All of them had been out in the community for some time before being placed at Berwynfa and they had been accustomed to the benign supervision of the Mental Welfare Officers. In addition, they all go out to work either in industry or at the Industrial Training Centre. Each one is reasonably well-dressed and they are well-groomed when they go out. Gradually, they are making friends and settling in as members of the community. One had to be returned to Hospital because he was so addicted to cigarettes that his begging became a nuisance in the town. The opening of the Henllan Industrial Training Centre enabled another to return to his own home.

All these men are entitled to Social Security benefits so the net cost to the County Council per head per week at Berwynfa is £3/16/3, but the true value of this Hostel lies in its success in simulating normal home conditions.

Hostel for the Mentally Ill—Bryn Mair

This small, compact estate had been converted for use by elderly persons but for various reasons, it was offered for sale. The large house had been converted recently for use as a home and it provided ideal accommodation and setting for Mentally Ill patients needing convalescence before returning to the community. By using Bryn Mair as a half way house, it will be possible to place more effectively those patients who have not recovered sufficiently to go to their own homes or who have no homes to which to go.



Hostel for the Mentally Subnormal, Tapley Avenue, Wrexham



Hostel for the Mentally Subnormal, Berwynfa, Wrexham

Health Education

For many years there has been a happy association between this Authority and the Central Council for Health Education which has now been replaced by the Health Educational Council. This new body has been re-organised to meet modern requirements and its structure has been re-designed accordingly. It is to be hoped that the Local Health Authority will receive as much, if not more, help from it than from the old Central Council for Health Education.

My earlier comments about the lack of cleanliness and poor personal hygiene emphasise the need for much stronger efforts to improve the standards of health in this county and for more staff to do this. In general, the field workers, particularly the Health Visitors, do devote a lot of their energies to Health Education, but there is a great need for more concerted effort. Substantial use is made of our resources and up-to-date information and material is given to Schools and other Organisations. A wide range of topics is covered, while medical and teaching staff have been issued with the most up-to-date information regarding Drug Addiction, Venereal Disease, Dental Disease and Sex Education. This is a field of work where the results cannot be discerned except over a period of years and even then the progress made would seem insignificant. However, it is salutary to realise that some of the ills of the past are still with us and that unless efforts are renewed they may well become re-established.

Staff Training

To maintain efficiency, it is essential that staff should be given opportunities for expanding their knowledge and experience and also of keeping abreast with constantly-changing modern development. This can be done by sending staff away or by organising our own Course. In 1967, an experimental Half Day Release Course was arranged for Midwives and the Central Midwives' Board granted it approval as a formal Refresher Course for Midwives in compliance with Rule G.1. Following discussion with those on the Refresher Course certain amendments were made in the 1969 Course which was held between 11th April and 9th May, 1969, on the basis of a one day release system.

Day Release Refresher Course for Midwives

This is now being tried out by other Authorities and although there may be some objections to this method, it must be conceded that many married midwives are thus enabled to comply with Rule G.1, who would otherwise have to stop practising as a Midwife.

Following the course, each Denbighshire Midwife was eventually attached to the Maternity Unit for practical experience. This has also been invaluable, for in addition to seeing new techniques applied, they have gained practical experience which, particularly in some areas, is steadily declining.

Part II Midwifery Training

The training of pupil midwives has continued as previously and generally the students appreciate the arrangements made for them on the District.

District Nurse Training

Plans are advanced for the next full training school to take place in 1970. Denbighshire has one of the highest proportion of District Trained Nurses in the United Kingdom and the 1970 school will receive mainly new members of the nursing staff.

Neighbouring authorities have already booked vacancies on the 1970 Course and this should prove of mutual benefit.

Considerable changes are imminent in the whole of the Nurse Training field at National level. In 1969 a new syllabus of training was published by the General Nursing Council which allows for Student S.R.N.'s to study for their District Nurse qualifications. We are able to co-operate with the local nurse training school to undertake this training for students. However, it will mean an increasing commitment on the part of the senior nursing staffs, particularly as the young nurses will need much more guidance and supervision than has been necessary with post-graduate nurses.

District Nurse Training (Practical Teachers)

In order to prepare for the expected increase of nurse students, a short in-service Course for experienced and keen potential District Nurse Practical Teachers is planned for the early summer of 1970. This will provide us with a valuable cadre of teachers who, we would hope, would take some of the practical responsibility for the students' training in the field.

District Nurse (General) Refresher Course

Twenty of our General District Nurses have recently been attached for one week's duration to the Maelor and War Memorial Hospitals in Wrexham. The nurses were in groups of five and the Course was spread over one month. Courses of this nature are quite rare and we are evaluating the District Staff's own comments and opinions of this scheme at the present time.

Domestic Help Training

Four "schools" have been held during 1969; two in the East of the County and one each in Colwyn Bay and Denbigh. Since our training scheme commenced in April, 1968, some 67 Home Helps have undertaken the Course. Certificates indicating that training has been given are issued to participants. This very worthwhile training scheme is continuing and preliminary plans are in being for the Spring Course.

Ambulance Training

The Local Government Training Board, following an inspection, approved our Training School for the two week Course for Ambulance personnel. This gave us great satisfaction as it confirmed our foresight in giving training to staff long before it became obligatory. This has been made possible through the help and co-operation of the various local Consultants.

Environmental Health

The increasing contamination of the environment has, in recent times, received world-wide attention, for with growing industrialisation, a wide range of waste products need to be destroyed or disposed of in some way or another.

For some years past, there has been a ban on atmospheric nuclear explosions and the amount of radio-active fall out has declined substantially and the quantity of radio active material as measured by the Atomic Energy Research Establishment, in the bones of animals and humans, indicates that the amount being absorbed is decreasing and is of little, if any, significance. However, despite strenuous efforts the atmosphere, the seashore, lakes, rivers and rural areas are being constantly contaminated either accidentally or by deliberate intent.

Some manufacturers arrange for their waste products to be tipped into old quarries or old mine shafts and while this disposes of their problem, it can present the Public Health Authorities with many tribulations, for not infrequently such places connect with underground water supplies which can then get quite heavily contaminated. The only evidence of this practice in this County was the finding of a large drum of liquid solvent which had obviously fallen off a lorry which was conveying it to be dumped in a remote part of the County. Increasing vigilance will act as a deterrent.

Salmonellosis

There were several outbreaks of salmonellosis in the County, which were investigated by the Health Departments of the County

District Councils. In each case, the source of the outbreak was traced to foodstuffs of animal origin and in particular, to poultry.

The Health Department in Colwyn Bay meticulously investigated the position in relation to poultry. The Public Health Inspector concerned published an article on Salmonellosis giving a detailed account of his findings. He arranged for carcasses and parts of chickens to be swabbed and examined bacteriologically and he was disturbed to find that a high percentage of chickens were heavily contaminated with Salmonella of various types. It transpired that the chicken farm and the packing station were heavily contaminated with Salmonella and it was obvious that contamination occurred at that stage. Unfortunately, once one of these chickens had been opened or handled by the retailer, it meant that the infection could spread through his establishment in a very short time, with the result that other foods could become infected. The attention of the Health Authorities of the County of origin was drawn to these findings, but they were already aware of the situation and were endeavouring to clear up the problem, although without strong statutory powers. In due course, representation was made to the Departments of Health and of Agriculture, Fisheries and Food and it is to be hoped that a no man's land area of responsibility will soon be appropriately allocated for supervision and surveillance.

Brucellosis

During 1969 the Department was informed of four cases of human brucellosis. The protean presentation of this disease makes it extremely difficult to diagnose but undoubtedly, it is far more prevalent in humans than the statistics show.

The County Public Health Officer has co-operated closely with the farmers in their endeavours to eradicate the disease from their herds. Producer/retailers are regularly visited and their herds ring-tested. Gradually, most of this group are being cleared of infected cattle so the risk to consumers will diminish but, in the meantime, several cases of Human Brucellosis occur in Denbighshire each year. Mr. Button reports :

“Milk and Dairies

At the end of the year 146 producer/retailers were licensed in the County, distributed as follows :

Colwyn Bay M.B.	6
Denbigh M.B.	9
Ruthin M.B.	2

Wrexham M.B.	—
Abergele U.D.	3
Llangollen U.D.	1
Llanrwst U.D.	4
Aled R.D.	25
Ceiriog R.D.	4
Hiraethog R.D.	27
Ruthin R.D.	37
Wrexham R.D.	28
	<hr/>
Total	146
	<hr/>

“This total represents a further reduction of 17 during the year. However, in spite of this reduction in the number of herds to be supervised, the number of samples taken showed a further increase to 811 as shown in Table 49. More significant is the fact that the number of herds found to be infected also showed an increase during the year from 17 to 20. The reasons for this increase are a matter of conjecture, the most likely being the increased movement of animals following the outbreak of foot and mouth in the previous year and the changes in farming methods, such as the greater concentration of milk production in larger herds and the movement of some milk producers into arable farming, which were apparent during the year. Whatever the reason, the results obtained from the sampling programme indicate the necessity for a continued high degree of surveillance. Five of the positive samples reported were obtained from herds which had been investigated on previous occasions. The period between the two incidents was, in each case, at least two years and in four instances the re-infection could be directly attributable to the purchase of cattle subsequently found to be infected.

“A trend which gives rise to disquiet in connection with untreated milk is the growth in the number of farms in the County offering accommodation during the holiday season. In this situation, considerable numbers of persons whose normal supply of milk will have been heat-treated are consuming milk of doubtful biological quality. Some of these sources of untreated milk are covered by General Licences issued by the Ministry of Agriculture, Fisheries and Food and are then automatically included in the sampling programme. It would, however, be necessary to extend the programme much more to cover the situation adequately. During the year, the Consumer Protection Committee accepted the necessity for an extension of the sampling pro-

gramme to cover the milk produced by producer/wholesalers, particularly in the holiday areas. This extension of sampling coverage will necessarily be deferred until the assistance envisaged in last year's report is forthcoming.

"On the four cases of brucellosis reported during the year, two were farm workers on a farm largely devoted to beef rearing but also keeping a small number of cows for milking, for their own use. On investigation, one of these cows was found to be giving infected milk. The other two cases involved persons who had been taking supplies of untreated milk. In each instance, the particular sources of milk involved had previously been found to be infected and the usual precautions already taken before the human cases had been notified.

"There is an increasing demand for pasteurised milk in the County. Many of the producer/retailers who had previously sold only their own untreated milk are now also carrying supplies of pasteurised milk. In addition, two holders of producer/retailer licences have installed small pasteurisation plants during the year. One of these is of limited interest since the milk produced is used only in the educational establishment at which it is situated. The other is also supplying pasteurised milk to other dealers in the vicinity, in small quantities.

"The four pasteurising plants in the county have all been operated satisfactorily during the year and no formal action has been necessary. At the beginning of the summer there was some concern over the number of dirty bottles passing through the bottle washing and filling plant. After extensive investigations, during which I had the fullest co-operation of the management, a number of modifications were made to the plant and results have subsequently been satisfactory.

"The co-operation of the Public Health Inspectors of the County District Councils and Officials of the Ministry of Agriculture, Fisheries and Food, which has been mentioned in previous reports, has continued during the year. Without this assistance the sampling programme could not have been maintained at the level now reported and I am extremely grateful to have such a happy working relationship with these officers. I also acknowledge the valued assistance of the staff of the Conway Public Health Laboratory who have during the year examined an increasing proportion of the samples taken and whose advice is so willingly given.

“Disease of Animals

For many years this work has been undertaken by the Police but more recently it has become increasingly evident that the duties involved could more suitably be undertaken by others. In Denbighshire it has long been recognised that there is a direct connection between human health and animal health. Many diseases of humans, such as tuberculosis, brucellosis, salmonellosis, psittacosis, leptospirosis and hydatidosis have been traced to animal sources. Administratively, there has been a link in Denbighshire, in that the Consumer Protection Committee is composed of members of the Health Committee and of the Diseases of Animals Committee. It was therefore, logical that, after considerable discussion, this work should be transferred to the Health Department. The transfer of duties took place at the beginning of October.

“The two Civilian Licence Grantors were transferred from the Police to the staff of the Health Department as Animal Health Inspectors. The duties of these officers are primarily concerned with movement control, inspection of markets, inspection of farm records and other routine work. In the first few months of the new arrangements, the staff have been settling down to the new areas of activity.

In due course, it is hoped that this work will make a positive contribution to human well-being by tackling some public health problems closer to their origins than has previously been possible.

Rural Water Supplies and Sewerage

The number of schemes submitted for consideration by the County Council was significantly lower in the year under review than at any time since the introduction of the grant scheme under the 1944 Act. This was undoubtedly due to the brake applied to capital expenditure by the Central Government which delayed starting dates for many schemes already approved in principle.

In fact, only two new schemes were considered, as follows :

- (a) Schemes submitted under the Rural Water Supplies and Sewerage Acts :

Water Supply—West Denbighshire and West Flintshire Water Board, Gwyddelwern, estimated cost £11,370.

Sewerage—Abergele U.D., Kinnel Bay and Towyn Sewage Disposal Area 8, estimated cost £223,000.

(b) Schemes submitted under Section 56, Local Government Act, 1958 :

Nil.

As usual I have received a copy of the Annual Report of Mr. Owens, the Chief Officer of the Weights and Measures Department.

Mr. Owens reports as follows :

“During the year ended 31st December, 1969, 543 samples of food and drugs were submitted to the County Public Analyst for examination and report. The number and types of articles submitted may be summarised as follows :

Article	No. Taken	Genuine	Not Genuine
Milk	312	304	8
Foodstuffs	155	148	7
Tinned Foods	29	29	—
Soft Drinks	13	11	2
Beer and Spirits	15	15	—
B.P. Preparation, Simple			
Household Medicaments	19	18	1
Totals	543	525	18

The average percentage of fat and of solids-not-fat contained in the milk sampled during the year were :

	Fat	Solids-not-fat
Eastern Division	3.58%	8.83%
Western Division	3.73%	8.84%
Whole County	3.65%	8.83%
The Legal presumptive standard is ...	3.00%	8.50%

It will be observed from the table, that out of 543 samples taken for analysis, only 8 milk and 10 other foodstuffs gave cause for complaint. The number of adverse reports (18) shows a slight increase on the previous year (16). Generally, manufacturers and traders are co-operative but in nine instances it has been found necessary to go to the courts. These instances concerned foreign bodies in a meat pie, a fruit pie, a bar of chocolate and a loaf of bread; mutton sold as lamb, mouldy carrots, sub-standard soft drink and cream as well as water in milk.

“Generally, the standard for milk has been well-maintained. The yearly averages compare very favourably with figures going back over the last thirty years. In addition to the Milk Marketing Board scheme for testing for the presence of antibiotics, a further 149 samples of farm bottled milk were tested by the Analyst. No sample was found to contain any evidence of antibiotics over the specified limit.

“A number of consumer complaints have been made to the Department during the year under review. In all, some 19 complaints were received concerning the quality etc. of foodstuffs. Each instance was investigated and in six instances proceedings were instituted. A further four instances were found to be unsubstantiated and in the remaining nine cases, written cautions were issued. Many complaints made now fall under the Trades’ Description Act and have been dealt with accordingly.

“The milk supplied to the County Council establishments and schools is regularly tested. Together with samples from vending machines in the County, work under these duties shows that 258 samples were dealt with. The results, in every instance, were found to be satisfactory.

“It will be appreciated that the report deals mainly with sampling for analysis. In their day to day work, the Inspectors of Weights and Measures examine many hundreds of commodities for labelling as well as weight, number or measure purposes. The computer statistical report shows that 2.019 of these examinations were for food and drugs purposes only. Of this number, 151 revealed discrepancies which have either been dealt with by the Inspectors at the time or have been the subject of written advice etc., by myself.”

Administration

It would be remiss of me to fail to express my appreciation to those members of staff who have retired or resigned for various reasons.

It is a pleasure to welcome Dr. A. L. J. Williams, Deputy County Medical Officer, who commenced in February, 1969; Dr. A. Benjamin, Medical Officer in Department, who joined us in September, 1969, and Mr. T. Steele, Senior Mental Welfare Officer, who came to Denbighshire at the beginning of the year.

Acknowledgement

On a personal note, I wish to record my appreciation to the Authority for its support during my year as President of the County Medical Officers' of Health Association for England and Wales and also for having been allowed to act as one of the Medical Advisers to the County Councils' Association. I hope that these activities were not without some benefit to Denbighshire.

There have been many instances during the past year which indicate the high standing of the Health Department and I am grateful for and proud of the magnificent manner in which the staff of the Department strive to maintain our reputation. It is gratifying to have visitors coming from far afield to see what we are doing and to have requests for information and for copies of our publications, from such places as Malasia, America and New Zealand. These are incentives to even greater efforts. So much could not have been done without the harmonious co-operation and dedicated efforts of a closely knit team. It is a pleasure to accord them my gratitude, not only for their understanding but also for their loyalty.

No Department can function in isolation even though it is separated from the main offices by eighteen miles of the most beautiful scenery in the world, so I wish to acknowledge my indebtedness to all my colleagues and their respective staff. Although regretting the departure of senior officials of many years' standing, it is pleasant to welcome their deputies into the ranks of Chief Officers and to feel that the old friendly tradition will be continued.

Before I write my next Annual Report, Mr. W. E. Bufton, the Clerk of the County Council will have retired and I, therefore, wish to record my appreciation to him for over 20 years of friendly help, guidance and forbearance which has, undoubtedly, contributed to the substantial progress of the Health Department. The staff of the Health Department join with me in wishing him many years of happy and healthy retirement.

Finally, it is once again a pleasure to record my indebtedness for the continued support and guidance of the Chairman, Vice-Chairman and members of the Health Committee.

M. T. ISLWYN JONES,
County Medical Officer

September, 1970

VITAL STATISTICS, 1960-1969

TABLE I.

Year	Per 1,000 of Estimated Population						
	Crude Live Birth Rate	Crude Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer	Still Birth Rate per 1,000 live and still births	Maternal Mortality Rate per 1,000 live and still births	Infant Mortality Rate per 1,000 live births
1960	15.6	13.4	0.12	2.3	23.2	0.37	18.1
1961	16.0	13.3	0.06	2.6	23.3	0.35	20.6
1962	16.6	13.3	0.11	2.5	20.6	0.67	23.1
1963	16.1	13.5	0.01	2.6	18.3	Nil	15.1
1964	16.5	12.7	0.04	2.5	12.9	Nil	22.3
1965	15.5	12.9	0.02	2.6	21.2	Nil	14.1
1966	15.8	14.2	0.06	2.7	20.4	Nil	16.2
1967	16.0	13.4	0.04	2.7	18.8	0.34	15.6
1968	16.2	13.5	0.04	2.6	13.4	0.33	20.0
1969	15.8	14.2	0.05	2.6	16.0	0.34	19.0

TABLE 2.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES
ACCORDING TO DISTRICTS FOR 1969

Districts	Estimated Population	No. of Live Births	Birth-rate crude adjusted	No. of Infant Deaths	Rate of Infant Mortality	Total No. of Deaths	Death Rate crude adjusted
Western No. 1.							
Abergele U.D. ...	11,520	179	15.5	3	17.0	203	17.6
Colwyn Bay M.B. ...	25,060	295	11.8	8	31.0	524	20.9
Aled R.D. ...	6,570	79	12.0	—	—	65	9.9
Western No. 2.							
Denbigh M.B. ...	8,600	119	13.8	2	17.0	135	15.7
Llanrwst U.D. ...	2,590	40	15.4	3	75.0	40	15.4
Ruthin M.B. ...	4,180	55	13.2	1	18.0	63	15.1
Ruthin R.D. ...	9,170	112	12.2	2	18.0	114	12.4
Hiraethog R.D. ...	4,440	64	14.4	1	16.0	56	12.6
Eastern No. 1.							
Wrexham R.D. ...	62,160	1,118	18.0	19	17.0	791	12.7
Ceiriog R.D. ...	7,110	104	14.6	2	19.0	85	12.0
Llangollen U.D. ...	3,030	58	19.1	—	—	45	14.9
Eastern No. 2.							
Wrexham M.B. ...	37,620	652	17.3	12	18.0	464	12.3
Total County ...	182,050	2,875	15.8	53	19.0	2,585	14.2
							12.6

TABLE 3.
INFANT MORTALITY

Age at Death	Male	Female	Total
Under 1 week	17	15	32
Over 1 week but under 4 weeks	1	2	3
Over 4 weeks but under 1 year	13	5	18
Total	31	22	53

TABLE 4.
INFANT MORTALITY — CAUSES OF DEATH.

Cause of Death	Number of Deaths		Total
	Male	Female	
Enteritis and other Diarrhoeal diseases...	1	—	1
Avitaminoses etc.	—	1	1
All other external causes	1	—	1
Other Endocrine etc., Diseases	1	1	2
Pneumonia	4	3	7
Other Diseases of Respiratory System...	1	—	1
Congenital Anomalies...	8	5	13
Birth Injury, Difficult Labour etc.	6	6	12
Other Causes of Perinatal Mortality...	7	6	13
Other Accidents, not Motor Vehicle	2	—	2
Total	31	22	53

TABLE 5.
COMPARATIVE RATES.

Rate	Denbighshire	England and Wales
Birth Rate	17.4*	16.3
Death Rate	12.6*	11.9
Infant Mortality per 1,000 Live Births	19.0	18.0
Neo-natal Mortality (deaths under 4 weeks)	12.0	12.0
Early Neo-natal Mortality (deaths under 1 week)...	11.0	10.0
Peri-natal Mortality (Stillbirths and deaths under 1 week)	27.0	23.0
Stillbirth Rate	16.0	13.0
Maternal Mortality	0.34	0.19

* Adjusted.

TABLE 6.
DISTRIBUTION OF DEATHS IN AGE GROUPS

Year	Number of Deaths in Age Groups								Total
	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75+	
1960 ...	48	10	11	25	89	500	590	992	2,284
1961 ...	57	7	10	18	73	501	627	1,009	2,302
1962 ...	67	7	7	13	69	494	602	1,054	2,313
1963 ...	43	9	9	14	71	515	624	1,085	2,370
1964 ...	65	5	5	27	75	466	632	970	2,245
1965 ...	39	12	11	19	71	540	619	1,000	2,310
1966 ...	46	7	12	17	64	541	714	1,141	2,542
1967 ...	45	6	10	17	59	484	711	1,079	2,411
1968 ...	58	11	6	12	75	498	705	1,087	2,452
1969 ...	53	11	13	27	69	520	748	1,444	2,585

TABLE 7.
PRINCIPAL CAUSES OF DEATH.

Cause of Death	No. of Deaths	Percentage of total deaths
Heart Disease (all forms) ...	843	32.0
Cancer (including leukaemia)	489	15.2
Vascular lesions of nervous system	421	16.0
Other circulatory diseases ...	105	4.1
Bronchitis and Emphysema)...	132	5.1
Violence (including accidents, suicide)	86	3.3
Pneumonia	181	7.0

Mortality from all forms of cancer in the past ten years.

TABLE 8.

Year	No of Deaths	Date Rate per 1,000 Population
1960	416	2.4
1961	450	2.6
1962	443	2.5
1963	454	2.6
1964	441	2.5
1965	463	2.6
1966	484	2.7
1967	489	2.7
1968	481	2.6
1969	489	2.7

Death from Cancer according to age, sex and classification during 1969—

TABLE 9.

	0—14		15—24		25—44		45—64		65—74		75 and over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Malignant Neoplasms														
Buccal Cavity etc..	—	—	—	—	—	—	2	1	1	2	2	—	5	3
Oesophagus	—	—	—	—	—	—	3	1	7	4	2	5	12	10
Stomach	—	—	—	—	1	—	18	4	15	6	15	12	49	22
Intestine	—	—	—	—	1	4	9	11	13	13	12	11	35	39
Larynx	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Lung Bronchus	—	—	—	—	1	1	32	6	30	6	16	6	79	19
Breast	—	—	—	—	—	2	—	23	1	11	—	19	1	55
Uterus	—	—	—	—	—	1	—	9	—	4	—	1	—	15
Prostate	—	—	—	—	—	—	3	—	4	—	5	—	12	—
Other Malignant Neoplasms														
Benign and Un-specified Neoplasms	3	—	2	1	2	2	19	17	20	25	8	16	54	61
Leukaemia	—	1	—	—	—	—	2	3	1	—	—	—	3	4
	—	—	1	—	1	—	—	—	1	3	4	—	7	3
Total all forms	3	1	3	1	6	10	88	75	94	74	64	70	258	231

MATERNAL MORTALITY

Incidence of maternal mortality over the past decade.

TABLE 10.

Year	Total Births	No. of Maternal Deaths	Mortality per 1,000 Total Births
1960	2,712	1	0.37
1961	2,826	1	0.35
1962	2,953	2	0.68
1963	2,892	Nil	Nil
1964	2,949	Nil	Nil
1965	2,830	Nil	Nil
1966	2,894	Nil	Nil
1967	2,875	1	0.34
1968	2,981	1	0.33
1969	2,921	1	0.34

TABLE 11.

Causes of death and distribution according to districts.

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Enteritis and other diarrhoeal diseases	—	—	1	—	—	—	—	—	1	—	—	2	4
Tuberculosis of respiratory system	—	1	1	2	1	1	—	—	—	1	—	3	10
Other Tuberculosis, including late effects	—	—	1	—	—	—	—	—	—	2	1	1	5
Other Infective and Parasitic Diseases	—	—	—	2	1	—	—	—	—	—	—	2	5
Malignant Neoplasm, Buccal Cavity, etc.	—	1	—	—	1	1	—	1	—	—	1	3	8
Malignant Neoplasm, Oesophagus	1	1	1	3	3	1	—	1	—	1	4	6	22
Malignant Neoplasm, Stomach	9	2	2	14	1	5	1	2	2	3	14	16	71
Malignant Neoplasm, Intestine	9	1	3	14	3	—	1	1	1	2	19	20	74
Malignant Neoplasm, Larynx	1	—	—	—	—	—	—	—	—	—	—	—	1
Malignant Neoplasm, Lung, Bronchus	9	—	1	12	4	2	2	1	4	7	19	37	98
Malignant Neoplasm, Breast	4	1	2	9	2	1	—	—	5	1	10	21	56
Malignant Neoplasm, Uterus	1	—	—	4	—	—	—	—	1	—	6	3	15
Malignant Neoplasm, Prostate	1	—	—	3	2	—	—	—	—	1	2	3	12
Leukaemia	—	—	—	3	—	—	—	—	—	1	2	4	10
Other Malignant Neoplasms	9	3	4	23	6	2	1	—	1	5	26	35	115
Benign and Unspecified Neoplasms	—	—	1	—	1	—	—	1	—	2	1	1	7
Diabetes Mellitus	2	—	—	2	1	1	—	—	1	—	4	9	20
Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	1	—	1
Other Endocrine, etc. diseases	1	—	—	2	1	—	—	—	—	—	3	3	10
Anaemias	1	—	1	—	—	—	—	—	—	—	2	3	7
Mental Disorders	—	1	—	—	1	—	—	—	—	—	1	1	4
Meningitis	—	—	—	—	—	—	—	—	—	—	1	1	2
Other Diseases of Nervous System, etc.	2	1	1	3	—	—	1	1	2	4	3	6	24
Chronic Rheumatic Heart Disease	4	—	—	3	3	—	—	—	—	—	2	7	19
Hypertensive Disease	4	—	1	9	2	1	1	1	—	—	8	17	44
Ischaemic Heart Disease	59	14	30	129	42	13	12	9	13	30	124	162	637
Other Forms of Heart Disease	10	3	5	22	5	5	4	2	6	8	24	49	143
Cerebrovascular Disease	23	13	12	122	13	9	8	4	10	14	69	124	421
Other Diseases of Circulatory System	11	4	4	41	2	2	3	1	2	4	12	19	105

Table 11. Causes of Death (continued).

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Influenza	2	2	—	5	—	—	1	—	—	2	1	7	20
Pneumonia	5	3	3	22	22	1	4	3	5	9	27	77	181
Bronchitis and Emphysema	14	4	3	21	2	1	4	1	3	5	22	52	132
Asthma	—	—	—	1	1	—	—	—	—	1	1	2	6
Other diseases of respiratory system	4	—	—	4	1	—	—	1	1	—	3	6	20
Peptic Ulcer	—	—	1	2	—	—	—	—	1	—	1	7	12
Appendicitis	—	—	—	1	—	—	—	1	—	—	—	1	3
Intestinal obstruction and hernia	—	1	1	1	1	—	—	—	—	—	1	3	8
Cirrhosis of Liver	1	—	1	5	—	—	1	—	—	—	1	1	10
Other Diseases of Digestive System	5	1	1	1	1	1	—	—	1	1	2	6	20
Nephritis and Nephrosis	—	3	1	3	—	—	—	1	—	2	3	5	18
Hyperplasia of Prostate	—	1	—	—	1	—	—	—	—	—	2	1	5
Other Diseases, Genito-Urinary System	—	1	—	2	1	—	—	2	1	—	5	12	24
Other complications of pregnancy, etc.	—	—	—	—	—	—	—	—	—	—	1	—	1
Diseases of skin, subcutaneous tissue	—	—	—	1	—	—	—	—	—	—	—	2	3
Diseases of musculo-skeletal system	1	—	—	2	1	—	—	—	—	1	—	1	6
Congenital anomalies	1	—	—	6	1	2	—	1	—	—	4	6	21
Birth injury, difficult labour, etc.	1	—	—	1	1	—	—	—	1	—	2	6	12
Other causes of perinatal mortality	1	—	—	2	1	—	—	1	—	1	4	3	13
Symptoms and ill-defined conditions	2	1	—	2	—	3	—	1	—	1	6	8	24
Motor Vehicle Accidents	2	—	2	8	2	—	—	1	—	—	4	9	28
All other Accidents	2	1	1	11	2	4	1	1	—	2	9	15	49
Suicide and self-inflicted injuries	1	1	—	1	—	—	—	1	1	2	2	1	10
All other external causes	—	—	—	—	2	—	—	—	—	1	4	2	9
<i>Total all causes</i>	203	65	85	524	135	56	45	40	63	114	464	791	2585

TABLE 12
Congenital Defects—"At Risk" Register.

Number on Register at 1/1/69	Number notified during year	Number removed from Register	Number on Register at 31/12/69
492	417	267	642

TABLE 13.
New Cases and Attendances at Hospital Ante- and Post-natal Clinics.

Clinic	Ante-natal		Post-natal	
	New Cases	Attendances	New Cases	Attendances
Rhos	117	669	74	92
Cefn Mawr ...	111	663	52	100
Total	228	1,332	126	192

TABLE 14.
Family Planning Clinics—Cases and Attendances.

Location	Day and Time	No. of Cases	Attendances
Nant-y-Glyn, Colwyn Bay ...	Monday 2.30 - 3.30 p.m. Thursday 7 p.m. - 8 p.m.	485	1,084
1 Grosvenor Road, Wrexham	Thursday 2 p.m. - 3.30 p.m. 2nd & 4th Wednesday 6.45 p.m. - 8 p.m.	483	1,459
Ruthin Clinic Mount Street ...	First Tuesday in month 10 a.m.-11.30 a.m. Third Tuesday 7 p.m. - 8 p.m.	35	49

TABLE 15.
CHILD HEALTH CENTRES

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in 1969	No. of children who attended during the year and who were born in 1968	No. of children who attended during the year and who were born in 1964-67
Abergele, County Clinic	Weekly	Thur. a.m., p.m.	23	141	125	193
Brynteg, County Clinic	Weekly	Monday p.m.	33	97	89	106
Brymbo, County Clinic	Weekly	Thursday p.m.	19	53	24	54
Cefn, County Clinic	Weekly	Monday p.m.	38	134	142	83
Chirk, Ambulance H.Q.	Weekly	Thursday p.m.	34	65	76	56
Coedpoeth, Church Hall	Weekly	Monday p.m.	43	104	77	102
Colwyn Bay, Nantyglyn Road ...	Weekly	Tues., a.m., p.m.	27	159	143	144
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	28	32	32	43
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	16	18	14	23
Denbigh, County Clinic	Weekly	Wednesday p.m.	46	124	166	164
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	13	11	15	23
Glynceiriog C.P. School	Fortnightly	Tuesday p.m.	15	80	109	126
Gresford, Allington Hall... ..	Fortnightly	Friday p.m.	27	33	47	44
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	16	17	18	24
Johnstown, Sports Pavilion	Twice monthly	Tuesday p.m.	23	43	40	17
Carried forward				1,111	1,117	1,202

TABLE 15 (continued)

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who and who were born in, 1969 1968 1964-67 attended during the year		
Brought forward ...				1,111	1,117	1,202
Llansannan Community Centre	Monthly	Thursday p.m.	18	12	24	36
Llanddulas Youth Club ...	Monthly	Monday p.m.	10	5	10	19
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	27	56	33	10
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	28	45	75	129
Llanrhaeadr Y.M. Infants' School ..	Fortnightly	Monday p.m.	15	10	33	37
Llay, County Clinic ...	Fortnightly	Wednesday p.m.	42	76	63	33
Rhos, County Clinic	Weekly	Wednesday p.m.	45	121	113	71
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	22	31	28	32
Gwersyllt County Clinic ...	Weekly	Friday p.m.	38	102	84	104
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	19	29	29	19
Rossett, County Clinic	Weekly	Wednesday p.m.	17	35	39	46
Ruabon, County Clinic ...	Weekly	Tuesday p.m.	29	65	90	40
Ruthin County Clinic	Weekly	Tuesday p.m.	19	89	99	101
Kinmel Bay Merchandise Hall	Fortnightly	Wednesday p.m.	23	29	32	36
Wrexham, Gatefield, Hightown	Weekly	Tuesday p.m.	26	94	85	68
Wrexham, Garden Village	Weekly	Wednesday p.m.	35	99	97	81
Wrexham, Queens Park ...	Weekly	Mon., Thur. p.m.	28	183	217	244
Wrexham, 1 Grosvenor Road	Weekly	Mon., Wed. p.m.	27	198	213	210
Vroncysyllte, Primitive Chapel	Monthly	Tuesday a.m.	15	8	10	14
Trevor Community Centre	Monthly	Thursday p.m.	11	14	8	7
Cerrig-y-drudion ...	Weekly	Thursday p.m.	8	—	1	—
Total				2,432	2,500	2,539

TABLE 16.
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1969

(a) Number provided with Dental Treatment.

	First Visits for Treatments during the year	Total Visits	No. of Courses of Treatment completed
Expectant and Nursing Mothers	25	174	25
Children under 5 years of age	37	49	41

(b) Forms of Dental Treatment provided.

	Extrac- tions	General Anaes- thetics	Fillings	Patients treated by Scaling	Patients X-rayed	Dentures provided
Expectant and Nursing Mothers	208	33	12	1	5	38
Children under 5 years of age	80	43	2	—	—	—

TABLE 17.

PREMATURE LIVE AND STILL-BIRTHS.

Weight	Number of Premature Births		Of Those Born Alive			
	Born Dead	Born Alive	Number died within 24 hrs. of birth	Number died in 1 and under 7 days	Number died in 7 and under 28 days	Number Survived
2lb. 3oz. or less ...	1	4	3	—	—	1
Over 2lb. 3oz. and up to 3lb. 4oz. ...	2	7	3	—	—	4
Over 3lb. 4oz. and up to 4lb. 6oz. ...	10	24	2	1	—	21
Over 4lb. 6oz. and up to 4lb. 15oz. ...	2	53	—	—	—	53
Over 4lb. 15oz. and up to 5lb. 8oz. ...	3	95	—	—	—	95
Total	18	183	8	1	—	174

TABLE 18.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Admission from the various Counties to Bersham Hall were:—

County of origin	No. of cases admitted during	
	1968	1969
Anglesey	—	2
Caernarvonshire	1	7
Denbighshire	15	15
Flintshire	25	20
Merionethshire	1	4
Montgomeryshire	11	10
Warwickshire	3	—
Total	56	58

TABLE 19.
MATERNITY CASES DISCHARGED FROM HOSPITAL
BEFORE 10th DAY

	0 - 72 hours		4 - 6 days		7 -10 days		Total	
	No. of cases	No. of visits	No. of cases	No. of visits	No. of cases	No. of visits	No. of cases	No. of visits
1st Quarter	161	1493	164	913	223	625	548	3031
2nd Quarter	142	1318	165	932	199	492	506	2742
3rd Quarter	137	1283	120	726	167	466	424	2475
4th Quarter	160	1469	156	847	148	443	464	2759
Total for year ...	600	5563	605	3418	737	2026	1942	11007

TABLE 20
MIDWIVES PRACTISING AT 31/12/69

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority:	
Domiciliary	44
Mother and Baby Home	2
Private Practice:	
Domiciliary	—
Private Nursing Home	2
Hospital Service:	
Welsh Hospital Board	73

TABLE 21
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1969

	Number of deliveries attended by Midwives in the area during the year.				
	Domiciliary Cases				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority	—	11	41	272	324
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—
Totals	—	11	41	272	324

TABLE 22.
Summary of Work of Health Visitors.

No. of Health Visitors	District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Persons aged 65 or over	All Other Visits
		First Visits	Total Visits			
2	Rhos and Johnstown	113	974	1050	204	198
1	Penycae and Acrefair	68	295	658	53	34
3	Rhostyllen, Ruabon, Marchwiel, Isycoed	183	834	2430	224	225
3	Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton	292	1038	1460	302	592
2	Llay, Gresford, Rossett	200	706	1278	289	416
1	Gwersyllt, Rhosrobin, Summerhill	90	411	945	262	83
3	Llangollen, Cefn, Garth, Trevor, Chirk and Vron	289	825	1,478	642	854
2	Abergele, Pensarn, Towyn, Kinnel Bay, Llanfair T.H.	245	653	1647	396	490
2	Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	206	917	998	270	436
1	Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	109	323	706	168	141
1	Ysbyty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	41	215	514	31	117

TABLE 22 (continued)

No. of Health Visitors	District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Persons aged 65 or over		All Other Visits
		First Visits	Total Visits		Total Visits		
2	Llanrhaeadr Y.M., Llansilin, Glynceiriog	30	90	289	51	55	
2	Ruthin Borough, Ruthin Rural (part) ...	135	794	1049	445	622	
4	Borough of Colwyn Bay and Aled Rural (part) ...	383	1497	3423	971	745	
8	Borough of Wrexham ...	711	2935	4163	401	1325	
35	Totals ...	3095	12507	22088	4709	6333	

TABLE 23.**Summary of Cases attended and visited by Home Nurses
during 1969**

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	206	2436	3993	6635
No. of visits ...	1054	33851	95618	130523

TABLE 24.**SMALLPOX VACCINATIONS.**

Age at date of Vaccination	Primary Vaccinations	Re-vaccinations
0 - 12 months	3	—
1 year	967	3
2 - 4 years	371	3
5 - 15 years	72	77
Totals	1413	83

TABLE 25.**MEASLES VACCINATION**

Year of Birth

1969	1968	1967	1966	1962-65	Others under 16	Total
2	77	274	179	255	19	806

TABLE 26
NUMBER IMMUNISED AGAINST
DIPHTHERIA, WHOOPING COUGH AND TETANUS

Year of Birth	Diphtheria		Whooping Cough		Tetanus	
	Primary	Booster	Primary	Booster	Primary	Booster
1969	59	—	58		60	—
1968	1188	347	1182	316	1189	347
1967	93	953	87	602	93	952
1966	16	156	11	84	19	157
1962-65	103	2185	23	132	113	2104
Others under age 16	78	1067	19	17	109	604
Totals	1537	4708	1380	1151	1583	4164

TABLE 27.
POLIOMYELITIS VACCINATION.

Year of Birth	QUADRILIN		SALK		SABIN	
	Primary	Booster	Primary	Booster	Primary	Booster
1969	—	—	3	—	32	1
1968	—	—	15	4	1483	48
1967	—	—	5	6	193	70
1966	—	—	3	1	70	17
1962-1965	—	—	1	5	132	2030
Others under age 16	—	—	—	—	95	1366
Totals	—	—	27	16	2005	3532

TABLE 28.

**VACCINATION AND IMMUNISATION OF CHILDREN
IMMUNITY INDEX**

	Children born in 1968			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	(4)
Denbighshire ...	71	71	66	33
Wales	60	61	59	20
England and Wales	66	67	65	31

TABLE 29.

AMBULANCE SERVICE.

	Patients conveyed	Miles travelled
By Ambulance	Stretcher cases 14,863	579,682
	Sitting cases 61,370	
By Sitting Case Car ...	Sitting cases 50,043	299,387
Grand Total : 1969 ...	126,276	879,069
Grand Total : 1968 ...	102,558	823,280

TABLE 30.

Schoolchildren Tuberculin tested and given B.C.G. Vaccination

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1968	1,947	350	1,439	1,439
1969	1,778	275	1,384	1,383

TABLE 31. TUBERCULOSIS.
Number of Cases on the County Tuberculosis Register for the years 1959-69

Year	No. on Register			Deaths			Death Rate per Million of Population
	Respiratory	Non-Respiratory	Total	Respiratory	Non-Respiratory	Total	
1959	1658	386	2044	15	2	17	99.9
1960	1352	173	1525	22	2	24	141.3
1961	1284	149	1433	11	6	17	97.8
1962	1158	136	1294	19	—	19	109.1
1963	1154	122	1276	2	1	3	17.2
1964	1121	146	1267	7	1	8	45.2
1965	1063	152	1215	3	2	5	28.0
1966	959	146	1105	10	4	14	78.1
1967	840	102	942	8	—	8	44.5
1968	635	71	706	7	2	9	49.5
1969	493	62	555	10	5	15	82.4

TABLE 32.
TUBERCULOSIS NOTIFICATIONS,
AGE AND SEX DISTRIBUTION

Age	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
0- 4 years	—	—	—	—	1	1
5- 9 years	—	—	—	1	—	1
10-14 years	1	—	1	—	—	—
15-19 years	2	—	2	—	—	—
20-24 years	2	—	2	—	—	—
25-34 years	—	—	—	—	—	—
35-44 years	2	—	2	—	1	1
45-54 years	4	3	7	1	—	1
55-64 years	2	—	2	—	—	—
65-74 years	2	1	3	—	—	—
75 and over	1	—	1	—	—	—
Totals	16	4	20	2	2	4

Total No. of Notifications during 1969 24

No. of new contacts seen of new cases notified ... 132

No. of contacts notified of this number 4

TABLE 33.
TUBERCULOSIS.

Active cases on Registers according to County Districts,
31st December, 1969

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases moved from register during year		No. of cases remaining on register at end of year	
	Respira- tory	Non- Respira- tory	Respira- tory	Non- Respira- tory	Respira- tory	Non- Respira- tory	Respira- tory	Non- Respira- tory
Western No. 1.								
Abergele U.D.	19	—	4	—	4	—	19	—
... Males ...	...	...	...	...	...	...	...	...
... Females ...	18	2	1	—	1	—	18	2
Colwyn Bay M.B.	23	4	4	—	6	1	21	3
... Males ...	...	...	...	...	...	...	...	...
... Females ...	17	8	5	1	2	1	20	8
Aled R.D.	7	1	3	—	2	—	8	1
... Males ...	...	...	...	...	...	...	...	...
... Females ...	2	3	—	—	1	—	1	3
Western No. 2.								
Denbigh M.B.	44	2	—	—	20	2	24	—
... Males ...	...	...	...	...	...	...	...	...
... Females ...	20	3	—	—	4	1	16	2
Llanrwst U.D.	10	1	1	—	—	—	11	1
... Males ...	...	...	...	...	...	...	...	...
... Females ...	5	2	—	1	1	—	4	3
Ruthin M.B.	1	1	—	1	—	—	1	2
... Males ...	...	...	...	...	...	...	...	...
... Females ...	4	—	—	—	2	—	2	—
Hiraethog R.D.	6	3	—	—	—	—	6	3
... Males ...	...	...	...	...	...	...	...	...
... Females ...	—	3	—	—	—	2	—	1
Ruthin R.D.	14	2	—	—	—	—	14	2
... Males ...	...	...	...	...	...	...	...	...
... Females ...	7	3	—	—	—	—	7	3

Table 33 (continued)

Tuberculosis (continued).

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases re-moved from register during year		No. of cases remaining on register at end of year	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
Eastern No. 1.								
Wrexham R.D. ... Males ...	153	6	5	—	47	2	111	4
... Females ..	104	11	3	1	33	3	74	9
Ceiriog R.D. ... Males ...	14	1	1	—	2	—	13	1
... Females ..	5	3	1	—	2	1	4	2
Llangollen U.D. ... Males ...	6	—	—	—	3	—	3	—
... Females ..	2	—	—	—	—	—	2	—
Eastern No. 2.								
Wrexham M.B. ... Males ...	93	8	3	1	21	—	75	9
... Females ..	61	4	1	—	23	1	39	3
Totals	635	71	32	5	174	14	493	62

TABLE 34.

Comparative Death Rates from Respiratory Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1969 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
1960	15.1	11.0	12.9	6.8
1961	7.2	5.5	6.3	6.5
1962	11.9	9.9	10.9	5.9
1963	1.1	1.1	1.1	5.6
1964	3.4	4.4	3.9	4.7
1965	3.4	1.1	2.2	4.2
1966	5.6	5.5	5.5	4.3
1967	6.6	2.2	4.5	3.7
1968	2.2	5.5	3.9	3.0
1969	3.2	7.4	5.5	2.2

TABLE 35.**MENTAL HEALTH**

Admissions to Hospital arranged by Mental Welfare Officers.

	M.	F.	T.
Mental Health Act, 1959.			
Section 25 (Observation Order)	27	15	42
Section 26 (Treatment Order)	1	9	10
Section 29 (Emergency Obs. Order) ...	29	43	72

	M.	F.	T.
Total informal patients admitted to Hospital during year	183	331	514

TABLE 36.
Disposal of Mentally Subnormal Patients.

	M.	F.	T.
No. of S.N. and S.S.N. in hospitals at 31/12/69 ...	108	86	194
No. of S.N. and S.S.N. under guardianship at 31/12/69	—	2	2
No. of S.N. and S.S.N. in "Place of Safety" at 31/12/69	—	—	—
No. of S.N. and S.S.N. under Supervision at 31/12/69	226	202	428
No. of S.N. and S.S.N. awaiting removal to hospital at 31/12/69	2	—	2
No. of S.N. and S.S.N. (new cases) reported during the year	17	14	31
No. of S.N. and S.S.N. admitted to hospitals during the year	12	18	30
No. of S.N. and S.S.N. taken to "Places of Safety" during the year	—	—	—
No. of S.N. and S.S.N. that ceased to be under care by reason of death or removal from the area during the year	16	5	21

(Note: S.N.—Sub Normal; S.S.N.—Severely Sub Normal).

TABLE 37.
VENEREAL DISEASES

Number of patients attending Centres during 1969.

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	—	11	15	26
St. Asaph General Hospital ...	—	—	—	—
Wrexham War Memorial Hospital	1	22	80	103
Totals	1	33	95	129

TABLE 38.
CHIROPODY.

No. of persons on register at 31/12/69	No. of persons treated during 1969	No. of Sessions	Total attendances
3,031	3,283	1,771	10,418

Home Visits during the year—55

TABLE 39.
BLIND PERSONS.

	Males	Females
No. of cases on Register at 31/12/69	145	200
No. of cases ascertained during 1969	16	17
No. of cases ascertained during 1969 with :		
(a) Cataract	4	5
(b) Glaucoma	1	4
No. of cases of Blindness due to Retrolental Fibroplasia	—	—

TABLE 40.**Epileptics.**

Number of Ascertained Epileptics according to age and sex distribution and in Residential Accommodation.

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10	29	30	—	—
10-15	38	34	2	—
16-29	11	3	1	—
30-49	5	5	1	1
50 and over	—	1	—	1

TABLE 41.**Spastics.**

Number of Ascertained Spastics according to Age and Sex Distribution and in Residential Accommodation.

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10	19	13	2	—
10-15	8	6	3	2
16-29	8	10	1	1
30-49	7	6	2	2
50 and over	2	3	—	—

TABLE 42.
CYTOLOGY SERVICE.

Examinations made during the year 1969.

	NO. EXAMINED				CYTOLOGICAL DIAGNOSIS				OTHER ABNORMALITIES		
	Local Authority Clinic	Family Planning and Hospital	G.P. and Surgery	Total	Negative	Suspicious	Positive	Unsatisfactory	Urine	Breasts	Raised B.P.
East Denbs. ..	561	1,352	1,092	3,005	2,807	11	35	134	33	30	22
West Denbs. ..	302	1	397	700	674	10	2	6	—	4	5
Total ...	863	1,353	1,489	3,705	3,481	21	37	140	33	34	27

TABLE 43.

Statistics relating to the Home Help Service, 1969.

No. of Home Helps employed (as at 31st December, 1969)

Part-time ... 192

	Category of Cases										Total
	Over 65 years of age			Under 65 years of age							
	No.	p.c. of Total	Chronic Sick and T.B.	Mentally Disordered		Maternity		Others		p.c. of Total	
				No.	p.c. of Total	No.	p.c. of Total	No.	p.c. of Total		
No. of cases assisted during the year ...	1,070	81.6	138	10.5	17	1.3	25	1.9	61	4.7	1,311
No. of hours worked ..	152,825	83.1	20,858	11.4	2,121	1.2	900	0.5	5,726	3.8	182,430
Average No. of hours per case per week	3.7		4.3		3.7		18.0		3		4.5

TABLE 44.

INFECTIOUS DISEASES.

Particulars respecting notifications received during 1969 and, for comparative purposes, the nine preceding years are shown

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever ...	79	30	20	36	79	67	62	67	48	59
Whooping Cough ...	154	88	10	82	116	21	45	160	61	5
Measles ...	1,796	2,749	414	1,222	1,160	1,556	731	1,328	904	371
Acute Pneumonia ...	23	45	11	10	24	10	8	13	3	—
Meningococcal Infection	3	1	1	3	1	1	2	—	—	—
Acute Poliomyelitis:										
Paralytic ...	3	1	2	—	1	—	—	—	—	—
Non-Paralytic ...	—	—	—	—	—	—	—	1	—	—
Acute Encephalitis:										
Infective ...	—	—	1	—	—	—	—	—	—	—
Post-infectious ...	—	—	—	1	—	—	1	—	—	—
Dysentery ...	51	93	86	80	5	426	95	10	44	85
Ophthalmia Neonatorum	2	—	1	1	1	1	1	3	1	—
Puerperal Pyrexia	23	40	20	14	30	13	7	6	6	1
Paratyphoid Fever	1	—	—	3	—	5	1	1	—	—
Food Poisoning ...	13	4	5	6	19	16	24	74	128	26
Erysipelas ...	8	3	1	1	9	6	9	2	4	—
Respiratory Tuberculosis	122	95	108	68	53	62	32	47	40	20
Non-Respiratory Tuberculosis	12	9	10	7	9	9	10	12	3	4
T.B. Meninges and C.N.S. ...	—	11	4	—	2	4	—	1	1	—
Infective Jaundice	—	—	—	—	—	—	—	—	2	26
T.B. Notification after death	—	—	—	—	—	—	—	—	3	1
Carried forward	2,290	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248	598

TABLE 44 (continued)

INFECTIOUS DISEASES

Particulars respecting notifications received during 1969 and for comparative purposes the nine preceding years are shown

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Brought forward	2,290	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248	598
Leptospirosis	—	—	—	—	—	—	—	—	—	2
Acute Meningitis	—	—	—	—	—	—	—	—	—	2
Malaria	—	—	—	—	—	—	—	—	—	1
Tetanus	—	—	—	—	—	—	—	—	—	1
Totals	2,290	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248	604

TABLE 45.

The allocation of the several Infectious Diseases to the County Districts is shown in the following Table:

Area	Scarlet Fever	Whooping Cough	Measles	Acute Meningitis	Tetanus	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Puerperal Pyrexia	Leptospirosis	Malaria	Dysentery	Food Poisoning	Infective Jaundice	Tuberculosis after death
Western No. 1														
Colwyn Bay	—	—	33	—	—	3	—	—	—	—	—	5	1	—
Aled	—	—	65	—	—	—	—	—	—	—	1	—	—	—
Abergele	1	—	9	—	—	2	—	—	—	—	—	5	—	—
Western No. 2														
Ruthin Borough	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Ruthin Rural	—	—	14	—	—	—	—	—	—	—	5	1	—	—
Hiraethog	—	—	1	—	—	—	—	—	—	—	6	1	3	—
Llanrwst	1	2	4	1	—	1	1	—	—	—	16	2	13	—
Denbigh	—	—	49	—	1	—	—	—	—	—	—	4	—	—
Eastern No. 1														
Wrexham R.D.C.	13	—	134	1	—	10	1	—	—	1	17	4	5	—
Ceiriog	1	—	14	—	—	—	1	—	2	—	—	—	—	—
Llangollen	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern No. 2														
Wrexham Borough	43	3	48	—	—	4	1	—	—	—	40	3	4	—
Total	59	5	371	2	1	20	4	1	2	1	85	26	26	1

TABLE 46.
REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	—	—	—	—
Total Homes on the register at the end of the year	11	24	145	169

TABLE 47.
STAFF MEDICAL EXAMINATIONS.

Category	No. Examined
New Entrants to Staff	542
College Entrants	307
Absence through Sickness	22

TABLE 48.
Registration of premises and persons under Section 1 of
Nurseries and Child Minders' Regulation Act, 1948.

	Premises	Persons
No. of persons or premises registered during the year	28	6
Total no. of registered persons or premises	28	7
No. of children permitted	628	22

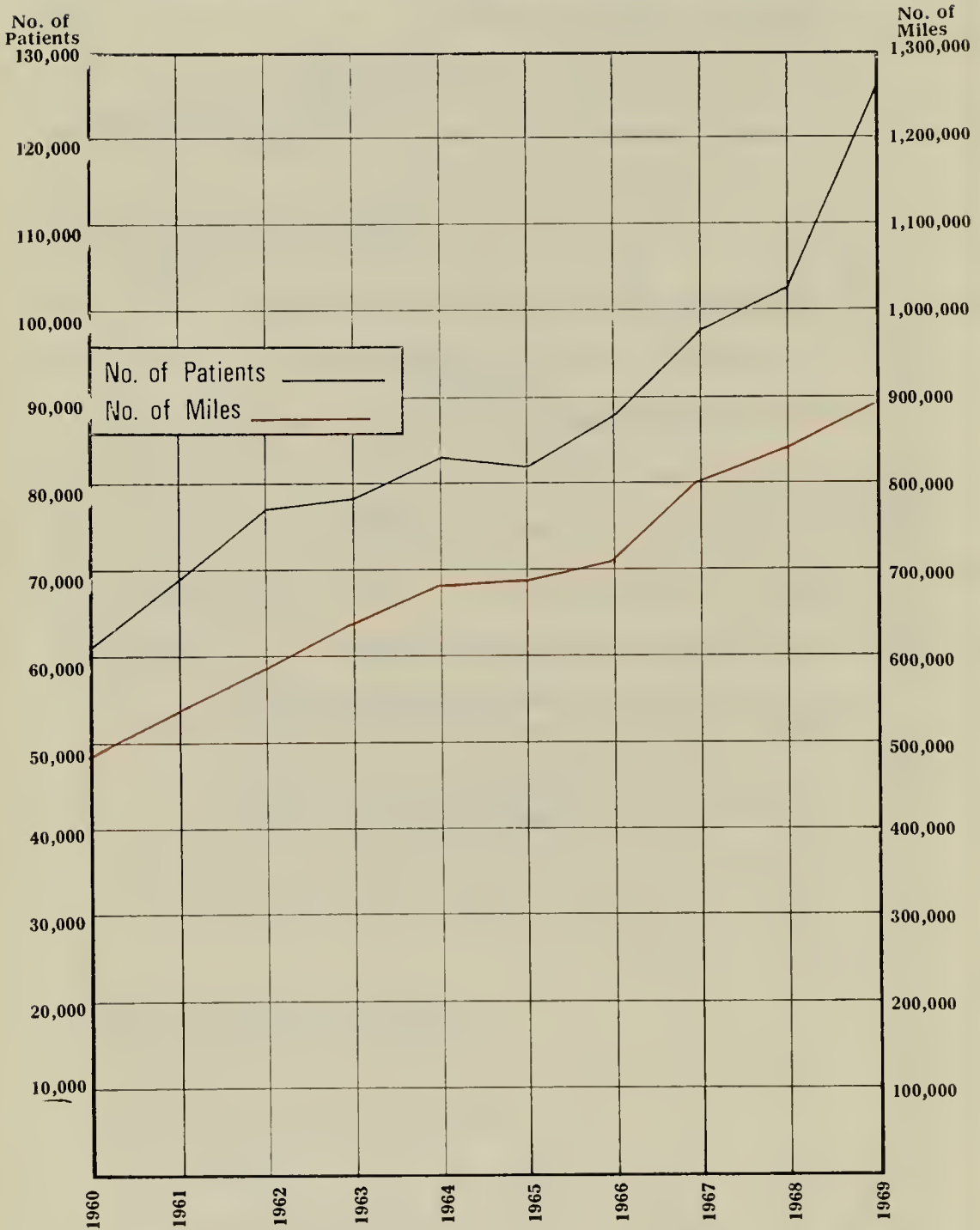
TABLE 49

MILK SAMPLING

	1968	1969
(a) No. of samples of Untreated milk taken	776	811
No. failing Methylene Blue Test	25	43
No. giving unsatisfactory biological results :		
(i) Positive Brucella Ring Test	64	83
(ii) Positive Cultures for Brucellosis	17	20
(iii) Positive Cultures for Tuberculosis	Nil	Nil
No. showing evidence of antibiotic substances ...	Nil	Nil
(b) No. of samples of Pasteurised Milk taken	480	389
No. failing Methylene Blue Test	13	11
No. failing Phosphatase Test	2	1
(c) No. of samples of Sterilised Milk taken	26	29
No. failing Turbidity Test	Nil	Nil
(d) No. of samples of washed bottles taken	40	58
No. not satisfying the requirements of the Public Health Laboratory Service	Nil	4
(e) No. of samples of milk supplied under the Milk in Schools Scheme included in (a) and (b) above	115	98

TABLE 50

A Graph showing the number of patients carried and miles travelled annually by Ambulances and Sitting Case Cars.



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